

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

1224

Registrar's No. ....

136

Registration District No. 39.9

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson  
(a) County  
(b) City or town: Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2629 Garfield /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 25 years (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Louis Gregory  
3. (b) If veteran, name war None  
3. (c) Social Security No. 487-03-5953

4. Sex Male 2/ 5. Color or race Col  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife Jennie Gregory  
6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased October 2, 1890  
(Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 6  
If less than one day hr. min.

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

12. Name Emanuel Gregory  
13. Birthplace 9 Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Laura  
15. Birthplace 9 Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Jennie Gregory  
(b) Address 2629 Garfield

17. (a) burial (b) Date thereof 1/12/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park  
(d) Signature of funeral director J. M. Browne  
1729 Lydia

(b) Address  
17-12-42 (Date received local registrar)  
(c) M. M. Browne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City--  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2629 Garfield  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8  
year 1942 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan. 5, 1942 to Jan. 8, 1942  
that I last saw him alive on Jan. 8, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bilateral Pneumonia + Septic  
Due to exposure  
Due to

Other conditions Influenza  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
33a

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. M. Browne (M. D. or other)  
Address 1605 E. 18th St. Date signed 1-12-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**